

Memorandum

Date: February 26, 2010

To: Office of Inspections

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Oakland Area

File No.: 370.12322

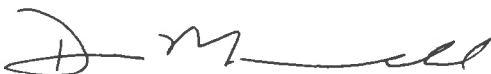
Subject: OAKLAND AREA COMMAND INJURY AND ILLNESS MANAGEMENT
INSPECTION REPORT

This memorandum is intended to serve as the written response to the command injury and illness management inspection report for the Oakland Area. The Area commander, lieutenants, and supervisors are actively involved in this program.

FINDINGS REQUIRING FOLLOW-UP:

No discrepancies were noted.

Questions regarding this response may be directed to Lieutenant Chris Childs or me at (510) 450-3821.



D. E. MORRELL, Captain
Commander

cc: Office of the Assistant Commissioner, Field
Golden Gate Division

Safety, Service, and Security

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Page 1 of 3

Command: Oakland	Division: Golden Gate	Chapter: 7 / Command Illness and Injury Case Management
Inspected by: W. Bradshaw #16663		Date: 02/25/2010

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 8	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Golden Gate Division Due Date: 03/05/2010		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

No comments.

Command Suggestions for Statewide Improvement:
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Inspector's Findings:

The Oakland area had no deficiencies in its practices or records keeping that were found by this inspection.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
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The Area commander, lieutenants, and supervisors are actively involved in this program.

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Command: Oakland	Division: Golden Gate	Chapter: 7 / Command Illness and Injury Case Management
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Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)




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Command: Oakland	Division: Golden Gate	Chapter: 7 / Command Illness and Injury Case Management
Inspected by: W. Bradshaw #16663		Date: 02/25/2010

Required Action

Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 2-26-10
	INSPECTOR'S SIGNATURE 	DATE 02/26/10
<input checked="" type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 4.12.10

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

Command Illness and Injury Case Management

Command: Oakland Area	Division: Golden Gate	Number:
Evaluated by: W. Bradshaw #16663		Date: 02/25/2010
Assisted by: C. Childs #13867		Date: 02/25/2010

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: <i>W. D. Bradshaw III</i>	
Follow-up Required:	<input type="checkbox"/> Follow-up Inspection	Commander's Signature:	Date:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<i>D. M. [Signature]</i>	2-26-10
For applicable policy, refer to: HPM 10.7			
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Has the command posted the required STD e13708, Notice to State Employees, in a prominent place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:	
2. Has the command posted a Safety and Health Protection on the job notice in a prominent place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:	
3. Has the command posted a Cal-OSHA S-11 notice in a conspicuous place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:	
4. Has the commander prepared a Commander's Memorandum for distribution to injured employees expressing their desire to assist the employee resume normal duty, outlining departmental policy, and employee rights and responsibilities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:	
5. Does the command maintain a current CHP 121D, Injury and Illness Status Report?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:	
6. Has the command provided required notification via Comm-Net to the appropriate next level of command regarding employees who are off duty as a result of occupational injury or illness for 30 calendar days or more?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks: And / or by departmental e-mail.	
7. Does the command maintain a current OSHA 300?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:	
8. Is the OSHA 300 log secured due to medical confidentiality and has it been regularly updated based on employee's health status changes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:	

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Chapter 7

Command Illness and Injury Case Management

9. Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 th for Areas, communication centers, inspection facilities, and Academy or February 15 th for Divisions and Headquarters commands)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 st of the following year until April 30 th ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Does the command maintain a current five year record of the OSHA 300 log which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Does the command maintain a current five year record of CHP 121s which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Have CHP 121s been completed by a supervisor within 24 hours of the notification of the alleged injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Have all CHP 121s been filed with the State Compensation Insurance Fund (SCIF) within five days of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Have all CHP 121Bs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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Chapter 7

Command Illness and Injury Case Management

22. Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a non disabling or disabling occupational injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: : And / or by departmental e-mail
29. Does the command have copies of approved medical care providers posted for employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
30. Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
31. Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
32. In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
33. In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: